

APPENDIX C
SAMPLE MESSAGE/LETTER/NAVGRAM
MOTOR VEHICLE MISHAP REPORT (REPORT SYMBOL OPNAV 5102-4 (MV))

1. General

The following format and content is to be used for reporting personnel injuries/deaths and material (property) damage resulting from motor vehicle mishaps. Submit as much information as is available. Submit supplementary reports as necessary to supply the missing information when available. Where requested data does not apply or is not relevant to analysis of the mishap insert the words "not applicable."

2. Content and Format

FROM: ACTIVITY SUBMITTING REPORT

TO: NAVSAFECEN NORFOLK VA//04/00/02/054//

(R)

INFO: AS DESIRED

UNCLAS FOUO //NO5102//

SUBJ: MOTOR VEHICLE MISHAP REPORT (REPORT SYMBOL OPNAV 5102-4 (MV))

MSGID/GENADMIN/MSG ORIG/SER NO./MONTH//

(A)

NARR/THIS IS A (LIMITED/GENERAL) USE SAFETY MISHAP REPORT TO BE USED ONLY FOR SAFETY PURPOSES PER OPNAVINST 5102.1C.//

(R)

RMKS/1. NAME, PHONE NUMBER OF PREPARER

(R)

2. UIC OF REPORTING ACTIVITY

3. LOCAL DATE, TIME, AND DAY OF WEEK MISHAP OCCURRED

4. GEOGRAPHIC LOCATION (Include city and state and whether on- or off-base. If on-base, give name and UIC of installation on which mishap occurred.)

5. ENVIRONMENTAL CONDITIONS (Weather, road condition etc.)

6. IDENTIFY ALL VEHICLES (Year, make, model, and whether government owned or privately owned. For motorcycles, mopeds, and all terrain vehicles indicate model and CC displacement.)

7. IDENTIFY ALL OPERATORS (By name, sex, age, marital status, duty status, social security number (except Non-DOD personnel), officer designator, rank, rate, and civil service grade. Also, indicate if operator is Non-DOD. Indicate the vehicle involvement (GMV/PMV) for each operator.)
8. NAME AND UIC OF DUTY STATION OF DOD OPERATORS IF NOT SAME AS REPORTING ACTIVITY
9. FOR DOD OPERATORS ONLY, INDICATE DATE AND TYPE OF OPERATOR TRAINING COMPLETED (AAA Driver Improvement Program, Motorcycle Safety Program, etc.)
10. DRUG/ALCOHOL/FATIGUE INVOLVEMENT (Indicate drug or alcohol blood content for each operator.)
11. FOR THE OPERATOR INDICATE FATALITY, DAYS HOSPITALIZED, TOTAL LOST WORKDAYS (ACTUAL OR ESTIMATE), OR NO INJURY (Indicate permanent partial disability or permanent total disability, if applicable. Include cause of death, i.e., head injury, crushed chest, internal injury, etc. For lost time injuries, identify the cause, i.e., head injury, crushed chest, internal injury, fractured arm/leg, etc.)
12. INDICATE SAFETY DEVICES USED BY THE OPERATOR (Safety belt, helmet, boots, long-sleeved jacket, etc.) (For GMV operators - if a personal injury results from the non-use of a Navy motor vehicle safety belt, explain why safety belts were not used by the injured person, or in cases of malfunction, what OPNAVINST 5102.1C caused the malfunction, and what remedial actions have been taken to prevent recurrence.)
13. IDENTIFY ALL PASSENGERS, PEDESTRIANS, OR BICYCLISTS WHEN STRUCK BY A MOTOR VEHICLE, WHO ARE KILLED OR INJURED (By name, sex, age, marital status, duty status, social security number (except Non-DOD personnel), officer designator, rank, rate, and civil service grade. Also, indicate if passenger, pedestrian, or bicyclist is Non-DOD. Indicate the vehicle involvement (GMV/PMV) for each person killed/injured. For passengers, identify actual position in/on vehicle, i.e., right front passenger, center rear passenger, seated behind operator (motorcycles), etc. For pedestrians and bicyclists, identify location where struck, i.e., in roadway on shoulder, on sidewalk, etc.)
14. NAME AND UIC OF DUTY STATION OF DOD PASSENGERS, PEDESTRIANS, AND BICYCLISTS KILLED OR INJURED IF NOT SAME AS REPORTING ACTIVITY

15. DRUG/ALCOHOL/FATIGUE INVOLVEMENT (Indicate drug or alcohol blood content for each passenger, pedestrian, and bicyclist killed or injured.)

16. A. GMV MISHAP: For each passenger, pedestrian, or bicyclist involved in a GMV mishap, indicate fatality, days hospitalized, and total lost workdays (actual or estimate). Indicate permanent partial disability or permanent total disability, if applicable. Indicate the vehicle involvement (GMV/PMV) for each person killed/injured. Include cause of death, i.e., head injury, OPNAVINST 5102.1C crushed chest, internal injury, etc. For lost time injuries, identify the cause, i.e., head injury, crushed chest, internal injury, fractured arm/leg, etc.

B. PMV MISHAP: For each DOD passenger, pedestrian, or bicyclist involved in a PMV mishap, indicate fatality, days hospitalized, and total lost workdays (actual or estimate).

Indicate permanent partial disability or permanent total disability, if applicable. Provide information for Non-DOD personnel killed or injured if mishap occurred on board a Naval installation. Indicate the vehicle involvement (GMV/PMV) for each person killed or injured. Include cause of death, i.e., head injury, crushed chest, internal injury, etc. For lost time injuries, identify the cause, i.e., head injury, crushed chest, internal injury, fractured arm/leg, etc.

17. FOR EACH DOD PASSENGER KILLED OR INJURED, INDICATE SAFETY DEVICES USED (Safety belt, helmet, boots, long-sleeved jacket, etc. For each DOD pedestrian or bicyclist killed or injured, indicate if clothing light or dark, reflective vest/tape used, if carrying light, etc. (For GMV passengers - if a personal injury results from the non-use or malfunction of a Navy motor vehicle safety belt, explain why safety belts were not used by the injured person, or in cases of malfunction, what caused the malfunction, and what remedial actions have been taken to prevent recurrence.)

18. INDICATE DOD PROPERTY DAMAGE (GMV, and other property. Cost to repair or replace, DOD man-hours to repair. (If costs are unknown, give estimate.)

19. INDICATE COST OF NON-DOD PROPERTY DAMAGE WHEN CAUSED BY GMV MISHAP

20. PROVIDE A BRIEF NARRATIVE OF THE MISHAP INCLUDING THE MAJOR CAUSE (Provide any additional information for clarification if considered necessary.)//

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